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OCT 03 2011

DEPARTMENT OF ECOLOGY - CENTRAL REGIONAL OFFICE



STATE OF WASHINGTON
APPLICATION TO ENTER A WATER RIGHT INTO
THE TRUST WATER RIGHT PROGRAM

NOTE: THIS FORM IS ONLY TO BE USED FOR THE
ACQUISITION OF WATER INTO THE TRUST WATER RIGHT PROGRAM

(Check all that apply.)

- ☐ Lease
☐ Purchase
☒ Donation
☐ Other
Explain:

IF FOR SEASONAL OR TEMPORARY,

START DATE: 2011

END DATE: 2013

FOR OFFICE USE ONLY

FILE No. CS4-02206 sb3c@1 WRIA 39

DATE ACCEPTED 10/20/2011 BY [Signature]

FEE \$ [Signature] REC'D 10/03/2011

CHECK No. [Signature]

SEPA: ☐ Exempt ☐ Not exempt

IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)

1. Applicant Information: AFLC Water Right #2

| | | |
|---|----------------------------------|--------------------------------|
| APPLICANT/BUSINESS NAME American Forest Holdings, LLC | PHONE NO. 509-925-4650 | FAX NO. 509-925-4651 |
| ADDRESS 700 E. Mountain View Ave, Suite 507 | | |
| CITY Ellensburg | STATE WA | ZIP CODE 98926 |

| | | |
|---|---|----------------------------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) David Bowen, AFH, LLC or Lisa Pelly, Trout Unlimited - WWP | PHONE NO. 509-925-4650 509-888-0970 | FAX NO. (509) 888-4352 |
| ADDRESS 103 Palouse, Suite 14 | | |
| CITY Wenatchee | STATE WA | ZIP CODE 98801 |

2. Water Right Information:

| | |
|---|--|
| WATER RIGHT OR CLAIM NUMBER Court Claim No. 02206 (A)03119, (A)05238 | RECORDED NAME(S) Boise Cascade Corporation |
| DO YOU OWN THE RIGHT? YES IF NO, PROVIDE OWNER(S) NAME and ADDRESS: | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO ARE WATER DIVERSIONS/WITHDRAWALS OF THIS WATER RIGHT METERED OR MEASURED? <input checked="" type="checkbox"/> YES | |
| IMPORTANT! PROVIDE INFORMATION SHOWING THE EXTENT OF WATER USE FOR EACH OF THE LAST FIVE YEARS | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

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WATER RIGHT NO. _____ FILE (contract) NO. _____

CS4-02206 sb3c@1

3. How is Water to be Made Available for Trust?

| | |
|--|---|
| <input type="checkbox"/> Alteration in method of diversion | <input type="checkbox"/> Alteration in water use/ irrigated acreage |
| <input type="checkbox"/> Alteration in method of delivery/conveyance | <input type="checkbox"/> Nonuse of one or more points of diversion |
| <input type="checkbox"/> Alteration in method of water application | <input checked="" type="checkbox"/> Nonuse of all or a portion of the named water right |
| <input type="checkbox"/> Alteration in type of crop | <input type="checkbox"/> Other, Explain below: |
| | |
| Name of funding source(s): Donation | |

WATER RIGHT DESCRIPTION *

4. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|----------------|-----|----|----|------|------|------|----------|------------|
| Teanaway River | | SE | SW | 31 | 21 | 16 | | |
| | | | | | | | | |
| | | | | | | | | |

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

5. Purpose of Use:

A. Existing Use of the Water Right

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|---|------------|------------|---------------------|
| Irrigation, road watering, maintenance, fire-protection | 1.1 | 220 | May 1- September 15 |
| | | | |
| | | | |
| | | | |

B. Proposed Purpose of the Trust Water Right:

| DESCRIBE THE PURPOSE(S) OF USE DURING THE PERIOD OF TRUST: | |
|--|--------------|
| PURPOSE OF USE | ACRE-FEET/YR |
| Instream Flow in the Teanaway River | 220 |
| | |

6. Place of Use:

A. Existing:

| | | | | | | | |
|--|----|------|------|------|----------|----------|------------|
| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
| That portion of the NE1/4 of Section 6, T. 21 N., 16 EWM lying westerly of Teanaway Road. | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | NE | 6 | 20 | 16 | Kittitas | | 55 |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? Yes – IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |
| | | | | | | | |

* If additional space is needed, please continue on the form: Attachment for Application to Enter a Water Right into the Trust Water Right Program.

6. Place of Use (continued)

B. Proposed:

| |
|--|
| IDENTIFY THE WATER BODY TO BE BENEFITED OR OTHER PLACE TO BE BENEFITED |
| Teanaway River, Yakima River |
| |
| |
| |

7. Remarks and Other Relevant Information:

| |
|--|
| Donor reserves the right to withdraw the Water Rights, in part or in whole, at its sole discretion from trust at any time and for any reason whatsoever upon prior written notice to WWP of the withdrawal and the date of withdrawal. |
| |
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| |
| |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

8. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I hereby grant staff from the Department of Ecology access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

| | |
|---|--------------------------|
| <u>David B. Bowen</u> (Applicant) | <u>7/12/11</u> (Date) |
| <u>David B. Bowen</u> (Water Right Holder) | <u>7/12/11</u> (Date) |
| <u>David B. Bowen</u> (Land Owner(s) of Existing Place of Use) | <u>7/12/11</u> (Date) |

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

| | |
|---|--|
| WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S): | |
| <input type="checkbox"/> ADDITIONAL SIGNATURES REQUIRED | <input type="checkbox"/> SECTION _____ IS INCOMPLETE |
| <input type="checkbox"/> OTHER/EXPLANATION: _____ | |
| STAFF: _____ | DATE: ____/____/____ |